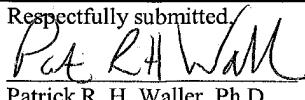


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket Number EXT-026															
<p>In re Application of Lapidus et al. Application Serial No. 09/545,162 Filed: April 7, 2000 Group Art Unit: 1634 Examiner: Einsmann, J. C.</p>																	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p>																	
<p>The requested extension and appropriate fee are as follows (check time period desired)</p>																	
<table><tbody><tr><td><input checked="" type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$ 55.00</td></tr><tr><td><input type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr></tbody></table>			<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 55.00	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 55.00															
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$															
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$															
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$															
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$															
<p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p>																	
<p><input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.</p>																	
<p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.</p>																	
<p><input checked="" type="checkbox"/> Return receipt postcard enclosed.</p>																	
<p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p>																	
<p>Registration number if acting under 37 CFR 1.34(a). _____.</p>																	
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK															
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		<p>Respectfully submitted,  Patrick R. H. Waller, Ph.D. Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110</p>															

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